

MEMORIAL

JOSEPH HERSEY PRATT, M.D.

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Dr. Joseph Hersey Pratt was a leader of men: the moving spirit in the founding of the New England Medical Center.

He was a rugged New Englander, born in Middleboro, Massachusetts on December 5, 1872. His father, Martin Van Buren Pratt, was a book seller: a salesman who worked for his cousin and was well known all over Cape Cod. One can understand how he fell in love with the school teacher, Rebecca Adams Dyer, of Provincetown. She was the daughter of a man of the sea who was now in the fish business. Rebecca's brother, Mayo Dyer, had also followed the sea and later became an Admiral in the Navy. From humble beginnings, Martin Pratt and Rebecca Dyer developed faster than their contemporaries. She was a remarkable woman, full of common sense and wisdom derived from successful dealings with life's problems in a simple, independent environment. It was this mother who taught her two sons their first lessons and gave them such an excellent start in their education that the one—Chester Pratt—became a lawyer and the other—Joseph Hersey Pratt—became a distinguished doctor.

At the tender age of 18 Joseph Hersey Pratt entered the Sheffield Scientific School of Yale, and there he met Dr. Russell H. Chittenden who first showed him the satisfactions that can come from study and investigation. The stimulus was important.

In the autumn of 1894 he entered the Harvard Medical School. In that day, Virchow's influence was strong and the study of pathology was pursued with vigor. Physiology was just beginning, and here at Harvard Dr. William T. Porter was working with nerve-muscle preparations. Dr. Charles S. Minot was studying the development of the guinea pig embryo, and Dr. Walter B. Cannon was thinking about the digestive process. Dr. Pratt learned from each of these.

After his first year he left Harvard and transferred to Johns Hopkins, and that is surprising, but it demonstrates his independence of thought and action.

He had learned enough to realize that the study of pathology was the key to the understanding of disease. Also he had read and heard so much about Dr. Osler and Dr. Welch and their emphasis on pathology that he wanted to be under their influence. Fifty-two years later—in 1949 when Dr. Pratt was 77 years old—he published under the title *A Year with Osler 1896-1897*¹ the notes which he had taken in Dr. Osler's clinics. The

photograph of a sample page of the original notes shows the small, neat, easily read handwriting of a methodical student. The notes show again Dr. Osler's insistence on a thorough understanding—including the medical history—of the disease. In a recitation, Dr. Pratt advised Blaud's pill for anemia. "Who was Blaud?" asked Dr. Osler. "I don't know," said Dr. Pratt. "Look him up," said Dr. Osler, and that led Dr. Pratt to a visit to Dr. Welch and finally to the Surgeon-General's Library in Washington. Small wonder that Dr. Pratt could say that Dr. Osler had more influence on his life than any other man.

Dr. Pratt's interest in pathology, increased by Osler's teaching, was fostered by Dr. Welch, and after Pratt graduated from Hopkins in 1898, he came back to Harvard to work under Dr. William T. Councilman in pathology for four years. A good part of that time was spent in the pathological laboratory at the Boston City Hospital. During that period he took a leave of absence of a few months to work in Strassburg, Germany with professor Ludolf Krehl who was writing his *Principles of Clinical Pathology*,² a book which Dr. Osler said filled the gap between empirical and scientific medicine.

From 1900 to 1917 Dr. Pratt was on the staff of the Harvard Medical School. I can recall his teaching our section in medicine at the Massachusetts General Hospital in 1910. He seemed to know everything about the patient, including the family and her domestic circumstances, but what he wanted us to consider was the pathology: the mechanism of the disease. He explained that if we knew what was going on inside—how the symptoms were produced—our treatment would be better.

Meantime, too, we were to consider the mode of life: whether it was easy or difficult: whether our treatment could or would be carried out as we advised. Dr. Pratt was close behind Dr. Richard C. Cabot in the concept which a little later became "social service." He was indeed a wise physician as well as a sound investigator and a forceful teacher.

It was Dr. Reginald H. Fitz who stimulated Dr. Pratt's interest in the pancreas, and pancreatitis became a sort of hobby on which Dr. Pratt wrote a number of papers. When recently he, at age 82, read the manuscript which I was writing about Dr. George Minot's diabetes, he pointed out to me that ligation of the pancreatic duct did not cause a selective atrophy of the islet cells. In the first place the tie was never permanent, for the pancreatic juice would soon digest a new channel into the intestine; and, secondly, Banting's protocol showed that extractions of the normal pancreas could reduce the blood sugar quite as well as extractions of a duct-tied pancreas.

Irregularities of the heart were another hobby. It was stimulated by his contact with Sir James Mackenzie, who in 1908 showed him how to use

the polygraph. Dr. Pratt was a leader in introducing the modern methods of analysis of the heart beat to this country.

Tuberculosis was another important interest. "Because I couldn't meet every patient in the clinic individually," he organized a class so that he could supervise his patients each week in a group. Prizes were given for the largest gain in weight or for those who spent the most time on their sleeping porches. His treatment was effective because the "teacher was so friendly and so enthusiastic," as one patient described it. This idea of group therapy was an important contribution: no one had thought of it before. In later life, it became his principle interest.

In 1930 group therapy was applied to patients whose symptoms depended on psychogenic rather than on physical causes, and Dr. Pratt's "Thought Control Class" became well known. Others tried to imitate the plan, but, as Dr. Richard C. Cabot³ said, "No class was as successful because there was only one Joe Pratt in Boston or anywhere else so far as I know."

In the summer of 1930 Mr. William Bingham, 2nd, a very well-to-do gentleman, had been ill and wanted a doctor to stay with him during his convalescence at Bethel, Maine. The surgeon, Dr. Gering, suggested Dr. Pratt. Mr. Bingham developed a high regard for Dr. Pratt, and at the end of the six weeks' season he asked: "Dr. Pratt, what can I do to help you to improve medical care in New England?"

Dr. Pratt thought about the question, and a few days later he said: "I want to help the family doctors in the country by making a diagnosis of the disease in their patients and then sending the patients back to them. In this way, we will improve the knowledge as well as the prestige of the local physician."

The idea appealed to Mr. Bingham, who at once gave \$50,000 for a pilot study of the idea. Twenty beds were designated as a diagnostic unit in the old Center Building of the Boston Dispensary. Within a year the demand for service exceeded the supply, and Mr. Bingham was almost as pleased as Dr. Pratt. The "Bingham Associates" made it possible on Dr. Pratt's birthday in December, 1937 to lay the cornerstone of the new Joseph H. Pratt Diagnostic Hospital with its sixty-five beds and its complete laboratory and x-ray equipment. When a little later it was realized that after diagnosis many patients needed surgical care and had to be referred to other hospitals, again the Bingham Associates declared that another unit must be provided, and the Farnsworth Building was the result. Other buildings came, including the Ziskind Laboratory for medical research. The New England Medical Center of Tufts University School of Medicine and Dental Medicine came into being, and a new means of promoting better health in New England by training good family doctors was provided. It was Dr. Joseph H. Pratt who made it possible.

In his Presidential Address in 1928 before the American Clinical and Climatological Association, Dr. Pratt was describing his own preparation when he talked about "Better Training for Academic Careers in Medicine." "We need physiological clinicians and not clinical physiologists Without a firm foundation of physiology or pathological anatomy clinical experience can with justice be compared to a house built on the sand but a scientific foundation without clinical knowledge and experience is no house at all."

As his faithful associate, Dr. Samuel Proger,⁴ wrote: "Dr. Pratt appeared on the medical scene when scientific medicine in America was in its infancy. He left the medical scene when scientific medicine in this country had made such great strides as to place it in a position of world leadership. His driving energy, relentless probing, insatiable curiosity and boundless enthusiasm added much to the ferment that made American medicine bloom."

Dr. Pratt rarely missed a meeting of the "Climatological." In November, 1955 the members presented him with a silver bowl to commemorate his fifty years of membership and to emphasize their respect, their admiration, and their affection. Dr. Pratt was surprised and somewhat embarrassed, but he was very pleased.

After the death of his wife in 1950, Dr. Pratt lived mostly with his oldest daughter and her husband, Mr. John M. Kemper, Headmaster of Andover Academy. A second daughter is married to Mr. Robert Walcott, Jr., Professor of History at Wooster College, Ohio, and the third daughter's husband is Mr. Gordon J. Cuyler, who is a naturalist connected with the Bronx Zoo. His one son is Dr. Dennie Pratt, Harvard College 1934 and Yale Medical School 1938, now practicing medicine in Long Island, New York. There are ten grandchildren.

In December Dr. Pratt, age 83, showed signs of coronary sclerosis. In January he said: "I want a change; I am going to California to visit old friends"—and off he went. When the plane put down in Phoenix, he wanted to stay in the dry air. At Malibu Beach it was rainy and unpleasant. His friends entertained him too well. He could not keep up, and on return to Boston he was exhausted. He went straight to the hospital. Two weeks later pneumonia developed: he was returned to the hospital in an ambulance, where he died on Saturday, March 3, 1956.

REFERENCES

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